

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Dock t Number	7174-101
	First Named Inventor	Dallas Angele
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CABLE SPLICE CASE EXPANSION RING AND SYSTEM FOR SPLICING CABLE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on _____ as United States Application Number or PCT International Application No.

_____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐Customer Number
or Bar Code Label

OR

☐

Correspondence address below

Name **ROBERT BERLINER,**Address **FULBRIGHT & JAWORSKI LLP
865 S. FIGUEROA ST., SUITE 2900**City **LOS ANGELES**State **CA**ZIP **90017**Country **USA**Telephone **(213) 892-9237**Fax **(213) 680-4518**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])**DALLAS**Family Name
or Surname**ANGELE**Inventor's
Signature*Dallas B. Angele*Date **10-29-02**Residence: City **SANTA BARBARA****CALIFORNIA****USA**Citizenship **USA**Mailing
Address:**P. O. BOX 60255**City **SANTA BARBARA**State **CA**ZIP **93160**Country **USA**

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing
Address:

City

State

ZIP

Country

☐

Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.